3
14
16

M

11601

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md
LENGTH OF STAY (in this place) Lip —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Front St.

3. NAME OF DECEASED (Type or Print) (First) S. (Middle) SCOTT (Last) BECK JR
4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH Sept. 23 1914
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY Private practice
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME S. Scott Beck Sr.
14. MOTHER'S MAIDEN NAME Mackey Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW. 2
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs S. Scott Beck, Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Chest + internal chest injuries — INTERVAL BETWEEN ONSET AND DEATH none

825.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sustained in automobile accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, base of skull, Fracture mandible none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) 10 (Day) 10 (Year) 52 (Hour) 12:20 am
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? in automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Kent Warr, (Degree or title) MD ADDRESS Chestertown, Md DATE SIGNED 10/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 13 1952
NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
LOCATION (City, town, or county) near Fairlee Kent Co. (State) Md.

DATE REC'D BY LOCAL REG. Oct. 11-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams — ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 14
BUREAU V. S.

11602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 20 hr. 50 sec
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent-Queen Annes' Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Baby~~ (Middle) ~~Beck~~ William Louis (Last) Beck

4. DATE OF DEATH (Month) (Day) (Year) October 21 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Oct 20, 52
9. AGE last birthday ✓ yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 20 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Howard Beck
14. MOTHER'S MAIDEN NAME Patricia Lee Hepbron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Carrie Mae Hepbron - Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - possible cerebral hemorrhage 20 hrs

760.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1952, to Oct 21, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 6 55 a.m., from the causes and on the date stated above.

SIGNATURE Willard F Smith (Degree or title) MD
ADDRESS Rock Hall, Md
DATE SIGNED Oct 21, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 21 1952
NAME OF CEMETERY OR CREMATORY Ashley Burying Grun
LOCATION (City, town, or county) (State) Piney Neck Rock Hall Md.

DATE REC'D BY LOCAL REG. Oct. 21 - 1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams
ADDRESS Chestertown Md.

2002151282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1952
BUREAU V. S.

N 603

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GORDON (Middle) C (Last) DAVIS

4. DATE OF DEATH: Oct 19 1952 (Month) (Day) (Year)

5. SEX: M
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: Dec 13, 1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Gardner
10b. KIND OF BUSINESS OR INDUSTRY: & Rtd. School teacher
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerry Davis
14. MOTHER'S MAIDEN NAME: Julia Foots

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital records - Attendant of Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9 Immediate cause (a) Cachexia — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis (site unknown) (Metastasis of spine & collapse of D12. — 6 months

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1952, to 10-19, 1952, that I last saw the deceased alive on 10-19, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE: Robert Warr (Degree or title) MD — ADDRESS: Chestertown Md — DATE SIGNED: 10-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 22, 1952 — NAME OF CEMETERY OR CREMATORY: Olivet Hill Am. — LOCATION (City, town, or county) (State): Galena Md

DATE REC'D BY LOCAL REG.: Oct. 24-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Edward Pillow — ADDRESS: Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

11604

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 208

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place) 32 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Edesville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location) Edesville

3. NAME OF DECEASED (Type or Print): (First) REGINALD (Middle) PRICE (Last) DULIN

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Nov. 4 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Talbot County, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Dulin

14. MOTHER'S MAIDEN NAME: Virginia Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Martha Dulin (wife) (same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease — 3 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (Dr. Smith, Rock Hall) Jan., 1952, to 10/25, 1952, that I last saw the deceased alive on 10/25/52, 19....., and that death occurred at 1:15A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert E. Enson, M.D. Chestertown, Md. 10/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cem. * Easton — LOCATION (City, town, or county) (State): Talbot Co. Md.

DATE REC'D BY LOCAL REG. 10/27/52 — REGISTRAR'S SIGNATURE: S. Elwood Bunyan

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.

RECEIVED
OCT 30 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11605

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent-Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Hanifee

4. DATE OF DEATH (Month) October (Day) 7 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 8, 1871

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Tibbett

14. MOTHER'S MAIDEN NAME Rebecca Poore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause (a) Pneumonia, broncho, nt. — INTERVAL BETWEEN ONSET AND DEATH 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of pelvis - Myocarditis, chronic — 16 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1952 to 10-7, 1952, that I last saw the deceased alive on 10-7, 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 10-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 10, 1952

NAME OF CEMETERY OR CREMATORY Galena Cem.

LOCATION (City, town, or county) Galena, Kent (State) Md

DATE REC'D BY LOCAL REG. Oct. 9-1952

REGISTRAR'S SIGNATURE Clara S. Barnes

24. FUNERAL DIRECTOR Edward Fellows - Millington, Md. ADDRESS

RECEIVED
OCT 14 1920
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11606

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gratitude ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall.
STREET ADDRESS (If rural, give location) Gratitude ave.

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Zeisel (Last) Justus

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 9 1866

9. AGE last birthday: 86 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Queen Anne Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Felix Zeisel

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Frank B. Justus - Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral vascular accident — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, atherosclerosis — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15., 1952, to Oct 19., 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Md — DATE SIGNED: Oct 19, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 22 1952 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: 10/20/52 — REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR — ADDRESS: Marion V. Williams - Chestertown, Md.

RECEIVED
OCT 23 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11607

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Fairlee
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clementine (Middle) Y (Last) Johnson

4. DATE OF DEATH (Month) Oct. I, (Day) 1952 (Year) 19

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 6, 1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Yorker
14. MOTHER'S MAIDEN NAME Ellen Trusty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Wm. H. Johnson Fairlee, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	CORONARY OCCLUSION	1 HR
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	HYPERTENSIVE CARDIOVASCULAR DIS	2 YRS
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1951, to 10/1, 1952, that I last saw the deceased alive on 9/15 1952, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Gulbrandsen MD. Chestertown, Md. DATE SIGNED 10/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 4 1952
NAME OF CEMETERY OR CREMATORY Fairlee (col) Cem.
LOCATION (City, town, or county) (State) Fairlee Maryland

DATE REC'D BY LOCAL REG. Oct. 3, 1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

RECEIVED
OCT 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11608

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH — COUNTY: Kent. STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Butlertown
   LENGTH OF STAY (in this place): all life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Worton R.D #1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Kent
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Butlertown
   STREET ADDRESS (If rural, give location): Worton R.D #1

3. NAME OF DECEASED (Type or Print): (First) Virgie (Middle) Butler (Last) Mitchell

4. DATE OF DEATH: (Month) Oct. (Day) 22. (Year) 1952

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 16

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Late) Hand Seeney

14. MOTHER'S MAIDEN NAME: (Late) Annie Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-16-9758

17. INFORMANT AND ADDRESS: John Wesley Mitchell - Butlertown, Worton R.D #1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s)	(b) Arteriosclerosis	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from....., 19....., to....., 19.....,~~ that I last saw the deceased ~~alive on....., 19....., and that~~ death occurred at 5-38 p.m., from the causes and on the date stated above.

SIGNATURE: Willard F Smith (Degree or title) MD ADDRESS: Rock Hall, Md DATE SIGNED: Oct. 25, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Oct. 26 1952 NAME OF CEMETERY OR CREMATORY: Butlertown Cemtery LOCATION (City, town, or county) (State): near Worton Kent Co. Md.

DATE REC'D BY LOCAL REG.: Oct. 26-1952 REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: Marvin C. Williams ADDRESS: Chestertown, Md.

RECEIVED
OCT 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11609

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Still Pond
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Still Pond — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Still Pond Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elcie (Middle) (Last) Parker

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH:

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry Miller

14. MOTHER'S MAIDEN NAME: annie Starling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: annie Scott Kennedyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis

353.3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epileptic Convulsions

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title) M.D. ADDRESS: Still Pond DATE SIGNED: 10/15/52 Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/15/52 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, or county) (State): Still Pond Maryland

DATE REC'D BY LOCAL REG. 10/15/52 | REGISTRAR'S SIGNATURE: Leonard Jones

24. FUNERAL DIRECTOR: B R Ellens ADDRESS: Still Pond md

RECEIVED
OCT 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11610

CERTIFICATE OF DEATH

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quaker Neck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): Quaker Neck Road

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) LUCY (Last) LELAND REA
4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Nov. 2 1872
9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: House Mother at a School
11. BIRTHPLACE (State or foreign country): Fayette, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Dr. John Leland
14. MOTHER'S MAIDEN NAME: Laura Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Hugh Jones, Chestertown Box 226

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — Interval Between Onset and Death: 10 Mos.

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to 10/23, 1952, that I last saw the deceased alive on 10/23, 1952, and that death occurred at 9:45 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Robert E. Ensor, M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 10/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 25
NAME OF CEMETERY OR CREMATORY: St. Paul Cem
LOCATION (City, town, or county) (State): near Chestertown, Md.

DATE REC'D BY LOCAL REG.: Oct. 25-1952
REGISTRAR'S SIGNATURE: Clara L. Barnes
24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md ADDRESS

RECEIVED
OCT 27 1952
BUREAU V. S.

11611

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 02

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN, MD
STREET ADDRESS (If rural, give location) 225 W. Calvert St

3. NAME OF DECEASED (Type or Print) (First) CELIA WEEKS (Middle) DEMBY (Last) RICKETTS 189
4. DATE OF DEATH (Month) OCT (Day) 22 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH July 19, 1899
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER
10b. KIND OF BUSINESS OR INDUSTRY SCHOOL
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ISAAC DEMBY
14. MOTHER'S MAIDEN NAME EMMA GRAYSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT AND ADDRESS THELMA WILSON, 2107 Maryland Ave Apt 6 Wash DC Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH 20 HRS

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) [signature], MD. ADDRESS Chestertown, Md DATE SIGNED 10/22/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF OCT. 26 1952
NAME OF CEMETERY OR CREMATORY JANES (Col.) CEMETERY
LOCATION (City, town, or county) NEAR CHESTERTOWN (State) Md

DATE REC'D BY LOCAL REG. Oct. 23-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. WILLIS WELLS ADDRESS CHESTERTOWN Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 27 1952
BUREAU V. S.

11612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rock Hall
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) Green & Washington Lane ✓

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) S. (Last) Walker
4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-10-1868
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward Walker
14. MOTHER'S MAIDEN NAME: Cornelia Hugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 7
17. INFORMANT AND ADDRESS: Mr Beck Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... ,~~ and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Willard F Smith MD — Rock Hall, Md — Oct 12, 52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)
CREMATION — Oct — Chelton Hills Cem. — Philadelphia Pa.

DATE REC'D BY LOCAL REG. Oct 17 1952 — REGISTRAR'S SIGNATURE S Elwood Bowers — 24. FUNERAL DIRECTOR — ADDRESS
Edgar L. Lane — Church Hill Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 16
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11613

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ChesterTown
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent + Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Newcomb (Last) Warram

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 9 1895

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Betterton md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Warram.

14. MOTHER'S MAIDEN NAME: Emma Newcomb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Louise Penny Warren. Wife Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	6 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential hypertension, uremia	unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cachexia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1952, to Oct 9, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 12 30 p m., from the causes and on the date stated above.

SIGNATURE: Willard J Smith (Degree or title) MD — ADDRESS: Rock Hall, Md. — DATE SIGNED: Oct 10, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 12 1952 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county) (State): Still Pond Kent Co.

DATE REC'D BY LOCAL REG.: Oct. 11-1952 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams — Chestertown — ADDRESS: Md.

RECEIVED
OCT 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11614

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-03

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) all life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Virginia (Last) Wilson

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Feb 19 1878 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work. | 10b. KIND OF BUSINESS OR INDUSTRY: home. | 11. BIRTHPLACE (State or foreign country): Kent Co Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harry William Middleton | 14. MOTHER'S MAIDEN NAME: Hester Elma Hersch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. [redacted] | 17. INFORMANT AND ADDRESS: Virginia Wilson Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerosis, hypertension (benign) — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Oct 26, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Willard F. Smith MD | Rock Hall, Md. | Oct 28, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/29/52 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel | LOCATION (City, town, or county) (State): Rock Hall Kent Co. Md.

DATE REC'D BY LOCAL REG.: Oct 29/52 | REGISTRAR'S SIGNATURE: J. Elwood Burgess | 24. FUNERAL DIRECTOR: Edgar L. Lane | ADDRESS: Church Hill Md

RECEIVED
OCT 30 1952
BUREAU V. S.